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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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		3235-0076
Expires:	June	30,2008 ge burden
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hours per	respon	se16.00

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CEOUNT IN THE STATE OF THE STAT	
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
School Creek Production & Development Fund I, Partnership	<u> </u>
Filing Under (Check box(cs) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	☐ ULOE
Type of Filing:	
-	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	08059370
Team Resources, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
3160 Telegraph Road, Suite 202, Ventura, CA 93003	800-525-9908
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	der can walls which may be drilled in the
To acquire fractional undivided Working Interest and Net Revenue Interest in up to 19 oil an state of Kansas.	COO gas wells which may be dialed in the
Type of Business Organization Corporation	please specify): PROCESSED
Month Year	SEP 1 2 2008
Achiai of Extinuicu Date di ilicorporation di Granication. 10171 10171 181	mated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	THOMSON REUTERS

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC	IDENTIFICATION DATA		
Enter the information requested for the following:			
• Each promoter of the issuer, if the issuer has been organize	d within the past five years;		
• Each beneficial owner having the power to vote or dispose, o	r direct the vote or disposition	of, 10% or more of	a class of equity securities of the issuer.
Each executive officer and director of corporate issuers and	l of corporate general and ma	naging partners of	partnership issuers; and
 Each general and managing partner of partnership issuers. 			
Check Box(es) that Apply: Promoter Beneficial Own	er Z Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Boyles, Kevin			
Business or Residence Address (Number and Street, City, State, Zi 3160 Telegraph Road, Suite 202, Ventura, CA 93003	p Code)		
Check Box(es) that Apply: Promoter Beneficial Own	er Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zi	Code)		
Check Box(es) that Apply: Promoter Beneficial Own	er Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zi	o Code)		
Check Box(es) that Apply: Promoter Beneficial Own	er Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)	<u></u>		
Business or Residence Address (Number and Street, City, State, Zi	Code)		
Check Box(es) that Apply: Promoter Beneficial Own	er Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zi) Code)		
Check Box(es) that Apply: Promoter Beneficial Own	er Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zi	p Code)		
Check Box(es) that Apply: Promoter Beneficial Own	er Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zi	p Code)		
(Use blank sheet, or copy and	use additional copies of this	sheet, as necessary)	•

[B. INFORMATION ABOUT OFFERING												
<u></u>							124-4-2		this offeri	200		Yes	No 😿
1.	Has the	issuer sold	l, or does th								•••••	Ŀ	121
_	Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual?											s 82.	500.00
2.												Yes	No
3.	Does the offering permit joint ownership of a single unit?											K	
4.	Enter th	e informat	ion request ilar remune	ed for each	h person w	ho has bee	n or will b	e paid or p	given, dire	ctly or indi curities in t	irectly, any he offering.		
	If a nerce	on to be lie	ted is an ass	ociated pe	rson or age	nt of a brok	er or deale	r registered	i with the S	EC and/or	With a State		
	or states	, list the na	me of the bi	roker or de at forth the	aler. If mo informati	ore than five on for that	: (5) persor broker or	is to be list dealer only	ed are asso '.	ciated pers	ons or such		
Full			first, if indi										<u> </u>
													
Bus	iness or l	Residence	Address (N	umber and	l Street, Ci	ty, State, Z	ip Code)						
Nan	ne of Ass	ociated Br	oker or Dea	ler			 -	<u> </u>			· <u> </u>		
Stat	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit l	Purchasers						
	(Check	"All States	or check	individual	States)		••••••				**************	□ AI	1 States
	[AL]	AK	AZ	AR	CA	CO	[CT]	DE	DC	FL	GA	H	ĪD
	IL)	IN	ĪĀ	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT)	NE	NV	NH	NJ)	NM)	NY)	NC IVA	ND) WA	<u>ОН</u> WV	OK)	OR WY	PA PR
	(RI)	SC	SD	. TN	[TX]	UT)	VT	VĀ	[M.V]	(W.Y.)		<u></u>	
Full		Last name	first, if indi	vidual)									
Bus	iness or	Residence	Address (N	lumber an	d Street, C	ity, State, 2	Lip Code)						
Nan	ne of Ass	ociated Br	oker or Dea	alcr									
Stat			Listed Has										
	(Check	"All States	or check	individual	States)							□ vi	1 States
	AL	AK	(AZ)	AR	CA	CO	CT	DE)	[DC]	FL	GA	HI	(ID)
	Ī.	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV (ED)	NH TEN	NJ TX	NM UT	NY) VT	NC VA	ND WA	OH) WV	OK WI	OR WY	PA PR
	RI]	SC	SD)	TN	L!AI ———	<u> </u>							
Full	l Name (I	Last name	first, if indi	vidual)									
Bus	iness or	Residence	Address (1	lumber an	d Street, C	ity, State, 2	Zip Code)						
Nan	ne of Ass	ociated Br	roker or De	aler								- , - '	
Stat	les in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)						***************************************	☐ AI	l States
	AL	AK	AZ	AR	CA	CO	CT)	DE	DC	FL	GA	HI	(ID)
	IL	ĪŇ	[A]	KS	KY]	LA	ME	MD	MA	MI OU	MN	MS) OR	MO PA
	MT RI	NE SC	NV SD	(AL)	[NJ]	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	WY)	PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

١.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\) and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged. Type of Security	Aggregate Offering Price	Amount Aiready Sold
		0.00	\$ 0.00
	DCUL		\$ 0.00
	Equity		<u> </u>
	Common Preferred	0.00	0.00 \$
	Convertible Securities (mendanty warmes)		\$ 0.00
	Partnership Interests	0.00	\$ 0.00
	Other (Specify)	6,187,500.00	\$ 0.00
	Answer also in Appendix, Column 3, if filing under ULOE.	<u></u>	J
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
	•	Number Investors	Dollar Amount of Purchases
	Accredited Investors	0	\$ 0.00
	Non-accredited Investors		\$ 0.00
	Total (for filings under Rule 504 only)	0	\$_0.00
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of Security	Dollar Amount Sold
	Type of Offering	_	\$ 0.00
	Rule 505	·	\$ 0.00
	Regulation A		\$ 0.00
	Rule 504		\$ 0.00
	Total		<u>5 0.50</u>
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		0.00
	Transfer Agent's Fees		\$_0.00
	Printing and Engraving Costs		\$_0.00
	Legal Fees		\$_0.00
	Accounting Fees		\$_0.00
	Engineering Fees		\$ 0.00
	Sales Commissions (specify finders' fees separately)		\$_0.00
	Other Expenses (identify)		\$ 0.00
	Total	П	\$ 0.00

b. Enter the difference between the aggregate offering price giver	·	
and total expenses furnished in response to Part C — Question 4.a. proceeds to the issuer."	This difference is the "adjusted gross 6.1	87,500.00
5. Indicate below the amount of the adjusted gross proceed to the is each of the purposes shown. If the amount for any purpose is a check the box to the left of the estimate. The total of the payments proceeds to the issuer set forth in response to Part C — Question	not known, furnish an estimate and s listed must equal the adjusted gross	
· ·	•	yments to Others
Salaries and fees		
Purchase of real estate		
Purchase, rental or leasing and installation of machinery		
and equipment		0.00
Construction or leasing of plant buildings and facilities		0.00
Acquisition of other businesses (including the value of securities offering that may be used in exchange for the assets or securities	es of another	1.00
issuer pursuant to a merger)	es of another $$0.00$	
Repayment of indebtedness		0.00
Working capital		0.00
Other (specify): Property/Working Interest Acquisition; Printin	ng, Securities Compliance, \$ 0.00 \text{\$\sigma} \square	6,187,500.0
General Overhead; Partnership Operational Funds	sssss	0.00
Column Totals		6,187,500.0
Total Payments Listed (column totals added)		.00
D. FEDER	RAL SIGNATURE	
The issuer has duly caused this notice to be signed by the undersigned of signature constitutes an undertaking by the issuer to furnish to the U.S. the information furnished by the issuer to any non-accredited investor.	S. Securities and Exchange Commission, upon written reques	
Issuer (Print or Type) Signature	Date	
Team Resources, Inc.	1512/08	/ \
Name of Signer (Print or Type) Title of Sign	ner (Print or Type)	<u></u>
Kevin Boyles President	U'	

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

FORM D



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

OMB APPROVAL							
OMB Number: 3235-0076							
Expires:	Jun	e	30,2008				
Expires: June 30,2008 Estimated average burden							
hours per	respo	ns	se 16.00				

SEC USE O	NLY						
Prefix Serial							
DATE RECEIV	ED						
1]						
	<u> </u>						

UNIFORM LIMITED OFFERING EXEM	
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
School Creek Production & Development Fund I, Partnership	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE
Type of Filing:	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Team Resources, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
3160 Telegraph Road, Suite 202, Ventura, CA 93003	800-525-9908
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
To acquire fractional undivided Working Interest and Net Revenue Interest in up to 19 oil ar state of Kansas.	nd/or gas wells which may be drilled in the
Type of Business Organization Corporation Imited partnership, already formed Imited partnership, to be formed	please specify):
Actual or Estimated Date of Incorporation or Organization: Month Year	matcd e:
GENERAL INSTRUCTIONS	

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five. (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA	
2. Enter the information requested for the following:	
 Each promoter of the issuer, if the issuer has been organized within the past five years; 	
 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more 	
 Each executive officer and director of corporate issuers and of corporate general and managing partners 	of partnership issuers; and
Each general and managing partner of partnership issuers.	
Check Box(es) that Apply: Promoter Beneficial Owner Z Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Boyles, Kevin	
Business or Residence Address (Number and Street, City, State, Zip Code) 3160 Telegraph Road, Suite 202, Ventura, CA 93003	
Check Box(cs) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(cs) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	

		······································			B. IN	FORMATI	ON ABOU	T OFFERI	NG				
<u> </u>									.1. CF	0	-	Yes	No 153
1.	Has the	issuer sold	l, or does th								.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		X
			•			Appendix,						\$ 82,	500.00
2.	What is the minimum investment that will be accepted from any individual?											Yes	No
3.	Does the offering permit joint ownership of a single unit?											K	
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering.												
	If a ners	on to be lis	ted is an ass	ociated pe	rson or age	nt of a brok	er or deale	r registered	I with the S	EC and/or	with a state		
	or states	s. list the na	me of the b	roker or de	aler. If me	re than five	: (5) persor	is to be list	ed are asso	ciated pers	ons of such		
<u>r.,</u>			first, if indi			On for that	DIGREI OI		·				 .
ru	n Name (Last Hairie	11131, 11 11101	viduu,									
Bu	siness or	Residence	Address (N	umber and	Street, Ci	ty, State, Z	ip Code)						
Na	me of As	sociated Br	oker or Dea	aler									
Sta	ites in Wh	nich Person	Listed Has	Solicited	or Intends	to Solicit I	Purchasers			<u></u>	<u> </u>		
	(Check	"All States	s" or check	individual	States)			***************************************		·····		☐ A1	1 States
	[AL]	AK	AZ	ÄR	CA	CO	CT	DE	DC	FL	GA	HI	Œ
	(TL)	IN	[A]	* KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT]	VΑ	WA	wv	WI	WY	PR
	II Name (.A.	Last name	first, if ind	ividual)			····						
Bu	siness or	Residence	: Address (1	Number an	d Street, C	ity, State, 2	Zip Code)		-				
Na	me of As	sociated Bi	roker or De	alcr		·				·			
Sta			Listed Ha										
	(Check	"All State:	s" or check	individual	States)							□ AI	I States
	AL	AK	AZ.	AR	CA	CO	CT	DE	DC	FL	GA	HI	Œ
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NI	NM TUTE	NY	NC VA	ND WA	OH WV	OK WI	ÖR WY	PA PR
_	RI	SC	(SD)	TN)	TX]	<u>[UT]</u>	VT]			[W.V.			
Fu	ill Name (Last name	first, if ind	ividual)									
Bı	isin e ss oi	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)					·	
Na	ame of As	sociated B	roker or De	aler									
St	ates in W	hich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All State	s" or ch e ck	individual	l States)					***************************************		☐ A1	Il States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV)	NH	NJ	NM (TIT)	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
	RI	SC)	SD	TN]	TX	UT	VT	VA	WA	AA A	771	<u> </u>	(4.5)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged. Type of Security	Aggregate Offering Price	Amount Aiready Sold
	••	€ 0.00	\$ 0.00
	Debt	e 0.00	\$ 0.00
	Equity	•	3
	Common Preferred	e 0.00	0.00 \$
	Convertible Securities (including warrants)	c 6 187 500 00	\$ 0.00
	Partnership Interests	o 0.00	\$ 0.00
	Other (Specify)	6 187 500 00	\$ 0.00
	Total	3	\$ 0.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number	Aggregate Dollar Amount of Purchases
		Investors	\$ 0.00
	Accredited Investors		\$ 0.00
	Non-accredited Investors		\$ 0.00
	Total (for filings under Rule 504 only)	0	\$ 0.00
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$ 0.00
	Regulation A		\$ 0.00
	Rule 504		\$ 0.00
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	•	
	Transfer Agent's Fees		\$_0.00
	Printing and Engraving Costs		\$_0.00
	Legal Fees		\$_0.00
	Accounting Fees		\$_0.00
	Engineering Fees		\$_0.00
	Sales Commissions (specify finders' fees separately)		\$_0.00
	Other Expenses (identify)		\$_0.00
	Total		\$ 0.00

	b. Enter the difference between the aggregate offering and total expenses furnished in response to Part C — Que proceeds to the issuer."	uestion 4.a. This difference is the "adjusted g	ross	\$6,187,500.00			
5.	Indicate below the amount of the adjusted gross proceeds of the purposes shown. If the amount for any check the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part C	purpose is not known, furnish an estimate he payments listed must equal the adjusted g	and				
	· .		Payments to Officers, Directors, & Affiliates	Payments to Others			
	Salaries and fees		\$ 0.00	\$ 0.00			
	Purchase of real estate			\$_0.00			
	Purchase, rental or leasing and installation of machi	incry	s 0.00	. [] \$_0.00			
	Construction or leasing of plant buildings and facili	ties	[] \$ 0.00	\$ 0.00			
	Acquisition of other businesses (including the value offering that may be used in exchange for the assets issuer pursuant to a merger)	or securities of another	\$ 0.00	<u>\$_0.00</u>			
	Repayment of indebtedness		[\$ <u>0.00</u>	\$ 0.00			
	Working capital		5 <u>0.00</u>	\$ 0.00			
	Other (specify): Property/Working Interest Acquis		[] \$_0.00	\$ 6,187,500.0			
	General Overhead; Partnership Operational Funds	· · · · · · · · · · · · · · · · · · ·					
	Column Totals			5 6,187,500.0			
	Total Payments Listed (column totals added)						
Γ	D. FEDERAL SIGNATURE						
sign	issuer has duly caused this notice to be signed by the unature constitutes an undertaking by the issuer to furnisinformation furnished by the issuer to any non-accrec	sh to the U.S. Securities and Exchange Con	ımission, upon writte	le 505, the following in request of its staff,			
İssı	ter (Print or Type)	Signature	Date	<u>G i</u>			
Team Resources, Inc.		KMINITUX	1 1/:	3/08			
Nai	ne of Signer (Print or Type)	Fitle of Signer (Print or Type)		,			
Kev	in Boyles F	President					

END

-- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)